

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE


# Political Committee

## REPORT OF RECEIPTS AND DISBURSEMENTS

### 2010 Judicial Election

Name of Committee Committee to Elect Smith Murphy Circuit Court Judge

Address P.O. Box 481, Batesville, MS 38606

Telephone 662-501-6970 Fax N/A

Treasurer Carm Murphy Email info@smithmurphyforjudges.com

RECEIVE

JUL 09 2010

Campaign Finance  
Secretary of State  
DATE STAMP
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5400.00 \$ 200.00	\$ 5600.00	\$ 11,200.00
Total amount of disbursements	\$ 1378.96 \$ 75.00	\$ 1453.96	\$ 3,690.59
Total amount of cash on hand		\$ 7,509.41	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Carm Murphy  
Signature of Director or Treasurer

7-8-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-369-1496 or 601-376-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

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Name of Candidate or Committee Elect Smith Murphy Circuit Court Judge  
 Reporting period 10-1-10 through 10-30-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	William H Watkins, Jr.	10/10/10	\$ 400.00
Mailing Address	P.O. Box 758	___/___/___	\$
City, State, Zip Code	Batesville, MS 38606	___/___/___	\$
Name of Employer (Required)	Watkins Construction Co.	___/___/___	\$
Occupation (Required)	owner	Aggregate year-to-date	\$ 400.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Jane Webb	10/4/10	\$ 1000.00
Mailing Address	P.O. Box 179	___/___/___	\$
City, State, Zip Code	Welda MS 38966	___/___/___	\$
Name of Employer (Required)	retired	___/___/___	\$
Occupation (Required)	retired	Aggregate year-to-date	\$ 1000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Sherry Linkins	10/4/10	\$ 500.00
Mailing Address	5339 Hines Road	___/___/___	\$
City, State, Zip Code	Fredensck, MD 21704	___/___/___	\$
Name of Employer (Required)	none	___/___/___	\$
Occupation (Required)	housewife	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Mississippi Medical	10/11/10	\$ 2500.00
Mailing Address	P.O. Box 2548	___/___/___	\$
City, State, Zip Code	Ridgeland, MS 39158	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2500.00

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Name of Candidate or Committee to Elect Smith Murphy Circuit Court Judge  
 Reporting period 6-1-10 through 6-30-10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Richard</u>		<u>6/4/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>306 Eastman</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Delect Smith Murphy Circuit Court Judge  
 Reporting period 6-1-10 through 6-30-10

## ITEMIZED DISBURSEMENTS

A. Full name	<u>WBLE</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/29/10</u>	\$ <u>450.00</u>
City, State, Zip Code	<u>Batesville, MS 38606</u>	<u>6/29/10</u>	\$ <u>720.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1170.00</u>
B. Full name	<u>Coffeenille Courier</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 607</u>	<u>6/17/10</u>	\$ <u>208.96</u>
City, State, Zip Code	<u>Coffeenille, MS 38922</u>	<u>6/17/10</u>	\$ <u>208.96</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>208.96</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$